## BEST AVAILABLE COPY

| PATENT APPLICATION FEE DETERMINATION RECO      |                                                                                     |                                                                                 |              |                                       |                  |                                 |          |                   | Application or Docket Number |                       |         |                                        |                        |  |  |  |
|------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------|---------------------------------------|------------------|---------------------------------|----------|-------------------|------------------------------|-----------------------|---------|----------------------------------------|------------------------|--|--|--|
| _                                              | Effective December 8, 2004                                                          |                                                                                 |              |                                       |                  |                                 |          |                   |                              | 10623856              |         |                                        |                        |  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                                     |                                                                                 |              |                                       |                  |                                 |          | SMALL ENT         |                              |                       | OF      | R THAN                                 |                        |  |  |  |
|                                                | TOTAL CLAIMS                                                                        |                                                                                 |              |                                       |                  |                                 |          | PATE F            |                              | FEE                   | الم     | RATE                                   | L ENTITY<br>FEE        |  |  |  |
| F                                              | FOR                                                                                 |                                                                                 |              | NUMBER FILED                          |                  | NUMBER EXTRA                    |          | BASIC FEE         |                              | 150.00                |         | BASIC FE                               |                        |  |  |  |
| Ţ                                              | OTAL CHARG                                                                          | EABLE CLAIMS                                                                    |              | minus 20=                             |                  | *                               |          | X\$ 25            |                              |                       | 7       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | -                      |  |  |  |
| IN                                             | INDEPENDENT CLAIMS                                                                  |                                                                                 |              | minus 3 =                             |                  | •                               |          | X100=             |                              |                       | -IOF    |                                        | <del> </del>           |  |  |  |
| M                                              | ULTIPLE DEPI                                                                        | ENDENT CLAIM                                                                    | PRESENT      | RESENT                                |                  |                                 |          | X100=             |                              |                       |         | X200=                                  | ļ                      |  |  |  |
| *                                              | f the difference                                                                    | ce in column 1 i                                                                | s less than  | less than zero, enter "0" in column 0 |                  |                                 | '        | +180=             |                              |                       | OF      | +360=                                  |                        |  |  |  |
| ·                                              | * If the difference in column 1 is less than zero, enter "0" in column 2            |                                                                                 |              |                                       |                  |                                 |          | TOTA              |                              |                       | OR      | TOTAL                                  |                        |  |  |  |
| <del></del>                                    |                                                                                     | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)  CLAIMS - HIGHEST |              |                                       |                  |                                 |          | SMAL              | LEN                          | ITITY                 | OR      |                                        | R THAN<br>ENTITY       |  |  |  |
| <b>AMENDMENT A</b>                             | 331-05                                                                              | REMAINING<br>AFTER<br>AMENDMENT                                                 |              | NUME<br>PREVIO<br>PAID F              | BER<br>USLY      | PRESENT<br>EXTRA                |          | RATE              | T                            | ADDI-<br>IONAL<br>FEE |         | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |  |  |
| ION                                            | Total                                                                               | · 28                                                                            | Minus        | - 0                                   | 9                | = /                             |          | X\$ 25=           | :                            |                       | OR      | X\$50=                                 |                        |  |  |  |
| AM                                             | Independent                                                                         | ENTATION OF A                                                                   | Minus        | :                                     | 3                | <u>=</u>                        |          | X100=             |                              | ····                  | OR      | X200=                                  |                        |  |  |  |
|                                                | TINOT PACS                                                                          | ENTATION OF N                                                                   | IULTIPLE     | DEPENDENT                             | CLAIM            |                                 |          | +180=             | +                            |                       | 1       | +360=                                  |                        |  |  |  |
|                                                |                                                                                     |                                                                                 |              |                                       |                  |                                 | L        | TOTA              |                              |                       | OR      | TOTAL                                  |                        |  |  |  |
|                                                | (Column 1) (Column 2) (Column 3)                                                    |                                                                                 |              |                                       |                  |                                 |          |                   | E                            | ·                     | OR      | ADDIT. FEE                             |                        |  |  |  |
| MENDMENT B                                     | •                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                       | ·            | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F   | ST<br>ER<br>JSLY | PRESENT<br>EXTRA                |          | RATE              | TIC                          | DDI-<br>ONAL          |         | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |  |  |
|                                                | Total                                                                               | *                                                                               | Minus        | ** ;                                  |                  | =                               |          | X\$ 25=           |                              |                       | OR      | X\$50=                                 |                        |  |  |  |
| a r                                            | Independent                                                                         | *                                                                               | Minus        | ***                                   |                  | =                               |          | X100=             | ╀                            |                       |         | X200=                                  |                        |  |  |  |
|                                                | FIRST PRESE                                                                         | NTATION OF M                                                                    | JLTIPLE D    | EPENDENT (                            | CLAIM            |                                 | 卜        |                   | +                            |                       | OR      | . A200=                                |                        |  |  |  |
|                                                |                                                                                     |                                                                                 |              |                                       |                  |                                 | L        | +180=             |                              |                       | OR      | +360=                                  |                        |  |  |  |
|                                                |                                                                                     | <b>10</b> at                                                                    |              |                                       |                  |                                 | AD       | TOTAL<br>DIT. FEE |                              |                       | OR A    | TOTAL<br>ODIT. FEE                     |                        |  |  |  |
| T                                              |                                                                                     | (Column 1)<br>CLAIMS                                                            |              | (Column                               |                  | (Column 3)                      | <b></b>  |                   |                              |                       |         |                                        |                        |  |  |  |
|                                                |                                                                                     | REMAINING<br>AFTER<br>. AMENDMENT                                               |              | PAID FO                               | SLY              | PRESENT<br>EXTRA                | 1        | RATE              | TIO                          | DDI-<br>NAL<br>EE     |         | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |  |  |
|                                                | Total .                                                                             | *                                                                               | Minus        | **                                    |                  | =                               | X        | \$ 25=            |                              |                       | OR      | X\$50=                                 | (-[                    |  |  |  |
|                                                | ndependent                                                                          | +                                                                               | Minus        | AAR                                   |                  | =                               | -        | 100=              |                              |                       | - 1     |                                        |                        |  |  |  |
| !                                              | HST PRESE                                                                           | NTATION OF ML                                                                   | LTIPLE DE    | PENDENT C                             | LAIM             |                                 | <b>-</b> | 100=              |                              | [                     | OR -    | X200=                                  |                        |  |  |  |
| . If t                                         | If the entry in column 1 is less than the entry in column 2, write 10° in column 3. |                                                                                 |              |                                       |                  |                                 |          |                   |                              |                       | OR .    | +360≃                                  |                        |  |  |  |
| , II I                                         | ne Hignest Nun                                                                      | nber Previously Pariber Previously Pa                                           | d For IN TH  | IS SPACE to be                        | ee than          | 20 enter *20 *                  | ADD      | TOTAL<br>IT. FEE  |                              |                       | OR AC   | TOTAL<br>DOT. FEE                      |                        |  |  |  |
| Th                                             | e "Highest Numi                                                                     | per Previously Paid                                                             | For (Total o | ar independent)                       | is the h         | o, enter 3.<br>lighest number f | Ound i   | n the app         | ropria                       | ate box i             | n colun | nn 1.                                  |                        |  |  |  |